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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,022	11/25/2003	Mary Ann Lukas-Laskey	04012.0384	3995
	FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER		EXAMINER	
LLP			SPIVACK, PHYLLIS G	
901 NEW YORK AVENUE, NW WASHINGTON, DC 20001-4413			ART UNIT	PAPER NUMBER
			1614	
			MAIL DATE	DELIVERY MODE
			05/23/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summons	10/721,022	/721,022 LUKAS-LASKEY ET AL.			
interview Summary	Interview Summary Examiner Art Unit				
	Phyllis G. Spivack	1614			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>Phyllis G. Spivack</u> .	(3)				
(2) <u>Mark J. Feldstein</u> .	(4)				
Date of Interview: 20 May 2008.					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.				
Claim(s) discussed: <u>21</u> .					
Identification of prior art discussed:					
Agreement with respect to the claims f)⊠ was reached. g)∏ was not reached. h)∏ N	I/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Mr. Feldstein stated claim 21 is to be canceled</u> .					
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no of allowable is available, a summary thereof must be attached	opy of the amendments that w				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red			

Application No.

Applicant(s)